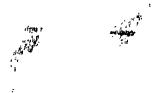
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2008 OCT 20 AM IO: 11
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

T. CLINE

OCT 2 1 2008

EXAMINER

Key Concepts Realty, Inc.

October 17, 2008

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Sepira, LLC (Document L08000097217)

Correction of initial on-line application-Page 2 "Required Signature"

Addition of the single member: Entrust Gulf Coast LLC FBO Brenda

Beumer account IRA#21868

To whom it may concern:

Enclosed is a check in the amount of \$25.00 along with the following documents obtained on-line:

- 1. Cover Letter from Sepira, LLC to the Department
- 2. Articles of Amendment to Articles of Organization of Sepira, LLC. (the single member is added: Entrust Gulf Coast LLC FBO Brenda Beumer account IRA #218680. This document is singed by Sara Ruder, IRA Administrator.
- 3. Article IV of the original filing on-line, signed by Sara Ruder, IRA Administrator, rather than by Brenda Beumer, manager.

Please add the single member and make the signature correction in the initial on-line filing. I thought the manager could sign under Article IV but since learned otherwise.

Thank you.

Yours very truly,

Brenda Beumer, Manager

COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	ст: Sepira, I	LLC		
		(Name of Lim	ited Liability Company)	
201		1 1		
		Amendment and fee(s) are sub	_	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		BRENDA	BEUMEN (Name of Person)	
			(Firm/Company)	
		13880 P	ERDIDO KEY	DR.
		PENSACO		· <u>\$67</u>
For furt	ner information co	ncerning this matter, please ca	all:	
BR	ENDA B	SEUMEN	at (<u>850)</u> 572 – ((Area Code & Daytime T	3441 elephone Number)
	(Name of	Tetsony	(mod code a Baytime i	etoprione (variott)
Enclose	d is a check for the	e following amount:		
\$25.	00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional certified Copy Charles on Cartificate of Cartificat
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ADDRESS: FOR AN ON THE PROPERTY OF THE PROPERT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEPIRA	, LLC
(<u>Name of the Limited Li</u> (A F)	iability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and end with t "L.L.C." Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
registered agent and/or the new registered offic	registered office address on our records, enter the name of the new se address here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address), Florida
	(City) Zip Code)
New Registered Agent's Signature, if changing Res	nstered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

· <u>Title</u>	<u>Name</u>		Address		Type of Action	
Member	ENTRUST OF BOOK BECOUNT	EULFCOAST LIC VA BENMER IRA 21868	GAINERVILLE, F 32608	D, = 102	Add Remove	
					Add Remove	
					Add Remove	
					Add Remove	
					Add Remove	
D. If ame	nding any other info	rmation, enter change(s)	here: (Attach additional she	ets, if necessary.)	Add Remove	
					•	
					2008 OCT 20 A SECRETARY OF TALLAHASSEE.	Service Control of the Control of th
Dated	Saras	Rudy IRA	A Administrator		AM 10: 11 OF STATE FLORIDA	
	Sara	RA	A Administrator uthorized representative of a me Administrator inted name of signee			
		t yped or pr	inted name of signee			

Page 2 of 2

Filing Fee: \$25.00

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

IRA Administrator
Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sara Ruder, IRA Adminstrator

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE

Page 2 of 2